

<i>SERFF Tracking Number:</i>	<i>FIVE-125935823</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>5 Star Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41045</i>
<i>Company Tracking Number:</i>	<i>1208</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Life - Whole</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: 5 Star Life Insurance Company

Product Name: Individual Life - Whole

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: 1208

Filing Type: Form

SERFF Tr Num: FIVE-125935823

SERFF Status: Closed

Co Status:

Authors: Mildred Hunt, Glenn Jones

Date Submitted: 12/08/2008

State: ArkansasLH

State Tr Num: 41045

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/10/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/10/2008

State Status Changed: 12/10/2008

Corresponding Filing Tracking Number:

Filing Description:

ISP WL App R1208: Individual Silver Premier Whole Life Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

Mildred Hunt, Compliance Manager

909 North Washington Street

Alexandria, VA 22314

mhunt@afba.com

(703) 706-5975 [Phone]

(703) 224-0214[FAX]

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Filing Company:	5 Star Life Insurance Company	State Tracking Number:	41045
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Filing Company Information

5 Star Life Insurance Company	CoCode: 77879	State of Domicile: Louisiana
909 North Washington Street	Group Code: 77879	Company Type: Life Insurance Company
Alexandria, VA 22314	Group Name: NAIC	State ID Number:
(703) 706-5975 ext. [Phone]	FEIN Number: 54-1829709	

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Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
5 Star Life Insurance Company	\$0.00	12/08/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/10/2008	12/10/2008

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Disposition

Disposition Date: 12/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FIVE-125935823	State:	Arkansas
Filing Company:	5 Star Life Insurance Company	State Tracking Number:	41045
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Individual Silver Premier Whole Life Application		Yes

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Form Schedule

Lead Form Number: ISP WL App R1208

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ISP WL App R1208	Application/ Enrollment Form	Individual Silver Premier Whole Life Application	Initial			ISP WL App-R1208.pdf

IP 1208 1

USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.

12/08

Beneficiary(ies)

I designate my beneficiary(ies) to receive benefits, in order of class, as indicated below.
Check here ☐ if you would like an additional beneficiary form sent to you.



IP 2 1208

Primary	_____	_____	_____
	Name	Relationship	DOB
Secondary	_____	_____	_____
	Name	Relationship	DOB

Statement of Health

Answer each question and initial in the box to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers on a separate 8 1/2 x 11 piece of paper.

Initial Here _____

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Is the Applicant currently confined to a wheelchair or powered chair due to chronic illness or disease, now bedridden at home, or staying in a hospital, psychiatric, nursing, or assisted long-term care facility? | <input type="radio"/> | <input type="radio"/> |
| 2. In the past 12 months, has the Applicant been hospitalized two or more times or required assistance with two or more of the following activities: bathing, dressing, eating, toileting, taking medications, or moving about? | <input type="radio"/> | <input type="radio"/> |
| 3. In the past 10 years, has the Applicant had or been hospitalized for, been medically diagnosed, advised, treated, or taken prescription drugs for: | | |
| a. Chronic renal failure (CRF) or any kidney disease requiring dialysis? | <input type="radio"/> | <input type="radio"/> |
| b. Any disease requiring use of home oxygen? | <input type="radio"/> | <input type="radio"/> |
| c. Alzheimer's disease, any form of dementia, psychosis, schizophrenia, clinical depression, Parkinson's disease, multiple sclerosis, paralysis, any other mental health or neurological disorder? | <input type="radio"/> | <input type="radio"/> |
| d. Liver failure or cirrhosis, chronic hepatitis, acute or chronic pancreatitis? | <input type="radio"/> | <input type="radio"/> |
| e. Any organ transplant (except cornea)? | <input type="radio"/> | <input type="radio"/> |
| f. Alcoholism or drug or alcohol abuse? | <input type="radio"/> | <input type="radio"/> |
| 4. In the past 5 years, has the Applicant had or been hospitalized for, been medically diagnosed, advised, treated, or taken prescription drugs for congestive heart failure? | <input type="radio"/> | <input type="radio"/> |
| 5. In the past 5 years, has the Applicant had or been hospitalized for, been medically diagnosed, treated, or taken prescription drugs for Cancer (other than non-melanoma skin cancer)? | <input type="radio"/> | <input type="radio"/> |
| 6. In the past 3 years, has the Applicant had or been hospitalized for, been medically diagnosed, advised, treated, or taken prescription drugs for chronic obstructive pulmonary disease (COPD), emphysema, or any other chronic respiratory disorder, excluding asthma? | <input type="radio"/> | <input type="radio"/> |
| 7. In the past 2 years, has the Applicant had or been hospitalized for, been medically diagnosed, treated, or taken prescription drugs for: | | |
| a. Stroke or Transient Ischemic Attack (TIA)? | <input type="radio"/> | <input type="radio"/> |
| b. Angina, heart attack, pacemaker insertion or malfunction, coronary artery stenting, or heart surgery? | <input type="radio"/> | <input type="radio"/> |
| c. Surgery to improve circulation or amputation caused by disease? | <input type="radio"/> | <input type="radio"/> |
| d. Any disease expected to cause death within 24 months? | <input type="radio"/> | <input type="radio"/> |
| 8. In the past 2 years, has the Applicant experienced complications of diabetes (Type 1 or Type 2) such as Neuropathy (numbness in the hands or feet), Amputation, or Retinopathy (severe vision loss); Diabetic Coma, Insulin Shock or Diabetic Shock, or taken insulin shots prior to age 50? .. | <input type="radio"/> | <input type="radio"/> |
| 9. Has the Applicant been diagnosed or treated by a physician, or tested positive for: Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or any AIDS-Related Complex (ARC)? | <input type="radio"/> | <input type="radio"/> |

Conditions Relating to this Application

Agreement: I represent that all statements and answers in this application are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that: 1) upon approval of this application by 5Star Life Insurance Company, it, the policy and any riders or endorsements will constitute the entire insurance contract; 2) except as provided or as stated in the Temporary Insurance Agreement, insurance applied for will not become effective until approved by 5Star Life Insurance Company and is subject to the Applicant's health being as described in this application, and upon receipt of the full first premium, in which case the coverage shall take effect as of the effective date as shown in the policy; 3) if within 60 days of receipt of all required documentation this application is not approved, it will become void and all premiums paid will be refunded; I will be so notified.

Authorization: I hereby authorize any licensed physician; medical practitioner; hospital; clinic; insurance company; employer; financial institution; Medical Information Bureau; or Motor Vehicle Administration; that may have records of my financial, physical or mental health condition to give 5Star Life Insurance Company, its authorized representative, and its reinsurers any such information. I understand that this information will be used to determine my eligibility for insurance and that I may revoke this authorization and application at any time by providing written notice. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the date below. **I acknowledge receipt of 5Star Life's Temporary Insurance Agreement if the initial premium is submitted with this application.** I acknowledge that I, or my authorized representative is entitled to receive a copy of this authorization. **Signatures must be personal:**

Sign Here

Applicant _____ Date _____

Owner _____ Date _____

(If different from Applicant)

Signed at (City, State) _____ Agent Signature _____ Date _____

Agent Certification: I certify that I asked all the questions and had the Applicant sign in my presence. To my knowledge, the applicant is ☐ / is not ☐ replacing any existing life insurance or annuities.

Agent Name _____

Temporary Insurance Acknowledgment: Complete this section if full first premium is submitted with application:

Agent: I provided the client with the Temporary Insurance Agreement ☐ Yes ☐ No

NOTE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement to prison.

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State: Arkansas

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State Tracking Number: 41045

Company Tracking Number: 1208

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Individual Life - Whole

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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TOI: L071 Individual Life - Whole

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Product Name: Individual Life - Whole

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

12/08/2008

Comments:

Attachment:

ARKANSAS Certificate of Readability'.pdf

Review Status:

Satisfied -Name: Application

12/08/2008

Comments:

Form Number: ISP WL App R308

Approval Date: March 13, 2008

Review Status:

Satisfied -Name: Cover Letter

12/08/2008

Comments:

Attachment:

ARKANSAS Cover Letter.pdf



ARKANSAS DEPARTMENT OF INSURANCE

READABILITY CERTIFICATION

Re: *ISP WL App R1208: Individual Silver Premier Whole Life Application*

The undersigned, authorized as Vice President, Compliance to be responsible for policy and related material filings by the officers of 5 Star Life Insurance Company, hereby certifies that the above policy meets the Flesch minimum reading ease score of 40.

A handwritten signature in blue ink, appearing to be 'Glenn R. Jones', written over a horizontal line.

Glenn R. Jones, Esq.
Vice President, Compliance

Date: December 8, 2008



December 8, 2008

Mildred E. Hunt
Compliance Manager

VIA SERFF

Mr. Dan Honey
Deputy Commissioner Life Health
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: *5 Star Life Insurance Company*
Product: Individual Silver Premier Whole Life Application
Form Number: ISP WL App R1208
NAIC No.: 77879

Dear Mr. Honey:

Enclosed for your review and approval is the Individual Silver Premier Whole Life insurance application. The prior application, ISP WL App R308, was approved on March 13, 2008, SERFF Tracking Number: FIVE-125524447.

This application is not to replace any other forms approved by the Department of Insurance. The application will be used in conjunction with the Individual Silver Premier Whole Life Policy (ISP WL Policy R908-AR) approved by the Department on September 16, 2008, SERFF Tracking No.: FIVE-125799565.

The following redline dictates the changes made to the previous approved version of ISP WL App R308: (Note: ~~Strikethroughs~~ indicate deletions; **bold**, underline, and *italic* indicate new inserts.)

<i>Form Number</i>	<i>Description</i>
ISP WL App R308 <u>1208</u>	Other Insurance <ul style="list-style-type: none">Page 1, line 2, revised to read: "If yes, and you line in <u>AK</u>, AL, AZ, CO, HI, IA, <u>KY</u>, LA, MD, ME, MS, MT, NH, NJ, NM, NC, OH, OR, RI, . . ."Page 1, line 4, revised to read: "Do you intend to replace them?"

909 North Washington Street, Alexandria, VA 22314

(703) 706-5975
(800) 776-2322 x2204

mhunt@afba.com

	<p><u>Will the coverage applied for replace any existing life insurance or annuities?"</u></p> <p>Statement of Health</p> <ul style="list-style-type: none">• Page 2, question 1., revised to read: "1. Is the Applicant currently confined to a wheelchair <u>or powered chair</u> due to chronic illness or disease, now bedridden at home, or staying in a hospital, psychiatric, nursing, or assisted long-term care facility?"• Page 2, question 3., revised to read: "In the past 10 years, has the Applicant had <u>or been hospitalized for</u>, been diagnosed, with, or been treated by or consulted with a member of medical profession for <u>advised, treated, or taken prescription drugs for:</u>"• Page 2, question 3.b., revised to read: "Chronic obstructive pulmonary disease (COPD), emphysema, or any disease requiring use of home oxygen <u>Any disease requiring use of home oxygen?</u>"• Page 2, question 3.c., revised to read: "Alzheimer's disease, any form of dementia, psychosis, <u>schizophrenia, clinical</u> depression, Parkinson's disease, multiple sclerosis, paralysis, or any other major mental <u>health</u> or neurological disorder?"• Page 2, question 3.d., deleted in its entirety: "Congestive heart failure?"• Page 2, question 3.e., revised to read: "e <u>d</u>. Liver failure or cirrhosis, chronic hepatitis, acute or chronic pancreatitis?"• Page 2, question 3.f., revised to read: "f <u>e</u>. Any organ transplant (except cornea)?"• Page 2, question 3.g., revised to read: "g <u>f</u>. Alcoholism or drug or alcohol abuse?"• Page 2, question 4., revised to read: "In the past 24 months <u>5 years</u>, has Applicant had or been hospitalized for, <u>been medically diagnosed, advised, treated, or taken prescription drugs for congestive heart failure?</u>"• Page 2, question 5., inserted the following language: "<u>5. In the past 5 years, has the Applicant had or been hospitalized for, been medically diagnosed, treated, or taken prescription drugs for Cancer (other than non-melanoma skin cancer)?</u>"• Page 2, question 6., inserted the following language: "<u>6. In the past 3 years, has the Applicant had or been hospitalized for, been medically diagnosed, advised, treated, or taken prescription drugs for chronic obstructive pulmonary disease (COPD), emphysema, or any other chronic respiratory disorder, excluding asthma?</u>"• Page 2, question 7., inserted the following language: "<u>7. In the past 2 years, has the Applicant had or been hospitalized for, been medically diagnosed, treated, or taken prescription drugs for:</u>"
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	<ul style="list-style-type: none">• Page 2, question 7.c., deleted in its entirety: "e. Cancer (other than a non-melanoma skin cancer?)"• Page 2, question 7.d., deleted in its entirety: "d. Complications of diabetes, including: insulin shock, coma, eye or kidney disorder, diabetes not controlled with current treatment, or taking insulin shots prior to age 50?"• Page 2, question 7.e., revised to read: "<u>e. c.</u> Surgery to improve circulation, or amputation caused by disease?"• Page 2, question 7.f., revised to read: "<u>f. d.</u> any disease expected to cause death within 24 months?"• Page 2, question 8., inserted the following information: "<u>8. In the past 2 years, has the Applicant experienced complications of diabetes (Type 1 or Type 2) such as Neuropathy (numbness in the hands or feet), Amputation, or Retinopathy (severe vision loss); Diabetic Coma, Insulin Shock or Diabetic Shock, or taken insulin shots prior to age 50?</u>"• Page 2, question 5., revised to read: "5. <u>9.</u> Has the Applicant been diagnosed or treated by a physician, or tested positive for: Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or any AIDS-Related Complex (ARC)?" <p>Agent Certification</p> <ul style="list-style-type: none">• Page 2, revised to read: "I certify that I asked all the questions and had the Applicant sign in my presence. To my knowledge, the applicant is/is not replacing <u>any</u> existing <u>life insurance or annuities</u> coverage."
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Individual Silver Premier Whole Life insurance will be marketed on a direct mail basis, and via licensed agents and brokers. Once approved 5 Star Life Insurance Company reserves the right to use all forms associated with this policy and certificate in their approved format in a variety of media, such as the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

If additional information is required, please do not hesitate to contact me.

Very truly yours,

